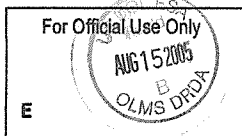


# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>8355</u>	2. Fiscal Year Covered From: <u>1</u> / <u>1</u> / <u>2004</u> Through: <u>12</u> / <u>31</u> / <u>2004</u>
3. Name and address of person filing. Name <u>GARY D. PORTER</u> P.O. Box, Bldg., Room No., if any <u>SUITE 101</u> Street <u>3049 SO 36th St.</u> City <u>TACOMA</u> State <u>WASHINGTON</u> ZIP Code + 4 <u>98409-5129</u>	4. Name, file number, and address of labor organization. Name <u>LOCAL 76 I.B.F.W.</u> Labor Organization File Number <u>010-422</u> P.O. Box, Building and Room Number, if any <u>Suite 101</u> Street <u>3049 SO. 36th ST</u> City <u>TACOMA</u> State <u>WASHINGTON</u> ZIP Code + 4 <u>98409-5129</u>
5. Position in labor organization. <u>UNION BUSINESS REPRESENTATIVE</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name _____ Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	7.a. Nature of Interest, Transaction, or Income. _____ 7.b. Amount. _____

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

On

8-9-05  
Date

253-475-1190  
Telephone Number



Name of Person Filing <b>GARY D. PORTER</b>	File Number U-
---	----------------

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name <b>MARCO CONSULTING</b></p> <p>Trade Name, if any: </p> <p>P.O. Box, Bldg., Room No., if any: </p> <p>Street <b>550 WEST WASHINGTON</b></p> <p>City <b>CHICAGO</b></p> <p>State <b>ILLINOIS</b> ZIP Code + 4 <b>60661</b></p>	<p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name <b>LOCAL UNION 76 IBEW JOINT TRUST</b></p> <p>Trade Name, if any: </p> <p>P.O. Box, Bldg., Room No., if any: <b>P.O. BOX 220</b></p> <p>Street: </p> <p>City <b>SOAP LAKE</b></p> <p>State <b>WASHINGTON</b> ZIP Code + 4 <b>98851</b></p>	<p>11.a. Nature of such dealing.</p> <p><b>JUNE 22 ASPEN LAKE GOLF \$64.00</b></p> <p>11.b. Approximate dollar value of such dealing. <b>\$64.00</b></p> <p>12.a. Nature of interest held or income received.</p> <p> </p> <p>12.b. Amount. </p>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name: </p> <p>Trade Name, if any: </p> <p>P.O. Box, Bldg., Room No., if any: </p> <p>Street: </p> <p>City: </p> <p>State: ZIP Code + 4: </p>	<p>14.a. Nature of payment.</p> <p> </p>
<p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment. </p>

Name of Person Filing <b>GARY D. PORTER</b>	File Number U-
---	----------------

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name <b>IBEW/NECA LMCC</b></p> <p>Trade Name, if any: <input type="text"/></p> <p>P.O. Box, Bldg., Room No., if any <b>Suite 102</b></p> <p>Street <b>8815 S. TACOMA WAY</b></p> <p>City <b>TACOMA</b></p> <p>State <b>WASHINGTON</b> ZIP Code + 4 <b>98499</b></p> <p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name <b>LOCAL 76 IBEW</b></p> <p>Trade Name, if any: <input type="text"/></p> <p>P.O. Box, Bldg., Room No., if any <b>Suite 101</b></p> <p>Street <b>3049 SO. 36th St.</b></p> <p>City <b>TACOMA</b></p> <p>State <b>WASH</b> ZIP Code + 4 <b>98409</b></p>	<p>9. Business deals with:</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p> <p>11.a. Nature of such dealing.</p> <div style="border: 1px solid black; padding: 5px; min-height: 80px;"><b>COST OF TRAVEL AND Lodging IN CONNECTION WITH ATTENDANCE TO THE NATIONAL LMCC CONFERENCE HELD IN RENO NV 10/26/04 - 10/28/04</b></div> <p>11.b. Approximate dollar value of such dealing. <b>\$860.51</b></p> <p>12.a. Nature of interest held or income received.</p> <div style="border: 1px solid black; height: 100px;"></div> <p>12.b. Amount. <input type="text"/></p>
---	---

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name <input type="text"/></p> <p>Trade Name, if any: <input type="text"/></p> <p>P.O. Box, Bldg., Room No., if any <input type="text"/></p> <p>Street <input type="text"/></p> <p>City <input type="text"/></p> <p>State <input type="text"/> ZIP Code + 4 <input type="text"/></p> <p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.a. Nature of payment.</p> <div style="border: 1px solid black; height: 150px;"></div> <p>14.b. Amount of payment. <input type="text"/></p>
---	--

Name of Person Filing <b>GARY D. PORTER</b>	File Number U-
---	----------------

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name <b>LOCAL UNION 76 IBEW JOINT TRUSTS</b></p> <p>Trade Name, if any: <input type="text"/></p> <p>P.O. Box, Bldg., Room No., if any <b>P.O. Box 220</b></p> <p>Street <input type="text"/></p> <p>City <b>SOAP LAKE</b></p> <p>State <b>WASHINGTON</b> ZIP Code + 4 <b>98851</b></p> <p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name <b>LOCAL 76 IBEW</b></p> <p>Trade Name, if any: <input type="text"/></p> <p>P.O. Box, Bldg., Room No., if any <b>SUITE 101</b></p> <p>Street <b>3049 SO. 36TH ST.</b></p> <p>City <b>TACOMA</b></p> <p>State <b>WASHINGTON</b> ZIP Code + 4 <input type="text"/></p>	<p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p> <p>11.a. Nature of such dealing.</p> <div style="border: 1px solid black; padding: 5px; min-height: 80px;"><b>COST OF TRAVEL AND Lodging IN CONNECTION WITH ATTENDANCE TO THE MARCO CONSULTING COFERENCE HELD IN PALM SPRING, CALF. ON FEB. 2, 04 - FEB. 4, 04</b></div> <p>11.b. Approximate dollar value of such dealing. <b>\$547.95</b></p> <p>12.a. Nature of interest held or income received.</p> <div style="border: 1px solid black; height: 100px;"></div> <p>12.b. Amount. <input type="text"/></p>
--	---

<p>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</p>	
<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name <input type="text"/></p> <p>Trade Name, if any: <input type="text"/></p> <p>P.O. Box, Bldg., Room No., if any <input type="text"/></p> <p>Street <input type="text"/></p> <p>City <input type="text"/></p> <p>State <input type="text"/> ZIP Code + 4 <input type="text"/></p> <p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.a. Nature of payment.</p> <div style="border: 1px solid black; height: 150px;"></div> <p>14.b. Amount of payment. <input type="text"/></p>